

**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency After Notice**

Pursuant to the authority of Iowa Code section 234.6, the Department of Human Services amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

These amendments provide for “continuous eligibility” for children under the age of 19 who are eligible for Medicaid under certain coverage groups. Once a child is determined eligible for Medicaid under one of these groups, the child’s eligibility continues for up to 12 months without regard to changes in family circumstances that make the rest of the household ineligible for Medicaid. This strategy is intended to promote continuity of health care coverage for children. Studies show that children with gaps in health care coverage have less access to services than do those with continuous coverage.

These amendments were previously Adopted and Filed Emergency and were published in the Iowa Administrative Bulletin on July 2, 2008, as **ARC 6884B**. As originally adopted, the coverage extended only to children determined eligible under the Family Medical Assistance Program (FMAP), the Child Medical Assistance Program (CMAP), or the Mothers and Children (MAC) Program, as directed by 2008 Iowa Acts, House File 2539, section 3. Notice of Intended Action to solicit comments on that filing was published in the Iowa Administrative Bulletin on the same date as **ARC 6886B**.

The Department received no comments on the Notice of Intended Action. However, in the meantime, the Department submitted a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services for approval. The response indicated that federal Medicaid statutes and regulations on continuous eligibility do not permit states to exclude any eligibility groups except newborns and children eligible as medically needy, and that the policy may not be applied only to changes in income.

Therefore, this policy has been rewritten to remove the limitation to FMAP, CMAP, and MAC coverage groups and to changes in income and family composition. Coverage will extend until the household’s annual eligibility review (up to 12 months from the beginning date) and will be terminated before then only if the child dies or moves out of Iowa. Since the policy is now a general requirement rather than an FMAP-related one, previously adopted subrule 75.54(4) in Division II of the chapter is rescinded and is replaced with new rule 441—75.19(249A) in Division I.

The extension of coverage for children in SSI-related groups is not expected to have a significant impact on the cost of implementing this policy, since children who are disabled rarely have earned income and are often eligible in their own right without reference to their family circumstances.

These amendments do not provide for waivers in specified situations because continued coverage is a benefit to the children affected. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

The Council on Human Services adopted these amendments October 8, 2008.

The Department finds that these amendments confer a benefit on children eligible for Medicaid by extending eligibility without regard to most family circumstances. Therefore, these amendments are filed pursuant to Iowa Code section 17A.5(2)“b”(2), and the normal effective date of these amendments is waived.

These amendments are intended to implement Iowa Code Supplement section 249A.3 as amended by 2008 Iowa Acts, House File 2539.

These amendments became effective November 1, 2008.

The following amendments are adopted.

ITEM 1. Adopt the following **new** rule 441—75.19(249A):

**441—75.19(249A) Continuous eligibility for children.** A child under the age of 19 who is determined eligible for ongoing Medicaid shall retain that eligibility for up to 12 months regardless of changes in family circumstances except as described in this rule.

**75.19(1) Exceptions to coverage.** This rule does not apply to the following children:

*a.* Children whose eligibility was determined under the newborn coverage group described at subrule 75.1(20).

*b.* Children whose eligibility was determined under the medically needy coverage group described at subrule 75.1(35).

*c.* Children whose medical assistance is state-funded only.

**75.19(2)** *Duration of coverage.* Coverage under this rule shall extend through the earliest of the following months:

*a.* The month of the household's annual eligibility review;

*b.* The month when the child reaches the age of 19; or

*c.* The month when the child moves out of Iowa.

**75.19(3)** *Assignment of review date.* Children entering an existing Medicaid household shall be assigned the same annual eligibility review date as that established for the household.

This rule is intended to implement Iowa Code Supplement section 249A.3 as amended by 2008 Iowa Acts, House File 2539.

ITEM 2. Rescind and reserve subrule **75.54(4)**.

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